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AFFILIATION

By NANCY E. CADMUS, R.N.

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IN the development of nurse-training schools, like all schemes involving much of vital human interests, when a need becomes pressing, channels have been opened through which a provision for supplying the demand could be made. Thus, as broader and more varied requirements arose many schools found their scope of work entirely too limited to secure to the nurses a comprehensive training, and they cast about them for ways and means whereby such difficulties might be overcome, with the result that to-day the advantages secured through affiliations are recognized by all. But a certain reluctance to avail themselves of affiliation is shown by many schools, not because of a lack of appreciation of the value of extended training, but because of the great difficulties which beset such efforts. The most serious of these difficulties is the lack of uniformity in nurse-training-school methods.

Hospitals usually are called into existence because of a local demand, a training school for nurses being the natural adjunct. Unlike other educational bodies, we have no tried-out, well-defined, centuries-old methods of operation, therefore, we are, in a sense, still in the formative stage, and it belongs to us to do our part toward securing conditions where nurse training will rank as one of the educational forces of our country.

In many respects the principal of nurses in a small hospital meets problems unheard of in larger ones. First, it is much easier for large schools to secure greater numbers of desirable young women; second, the personal equation (particularly medically) usually figures much more prominently in the smaller schools, thus making the difficulty of sending out nurses to special schools far greater in the very ones that most need this further training; and, third, it is not always easy to secure desirable affiliations. But, in this, as in all progressive work, unnecessary timidity is experienced in some instances. For example, to explain why unnecessary, let a school which has never given its pupils special training in obstetrics decide to do so, and in less than one year its medical men will demand these especially trained nurses in preference to the former graduates.

Another obstacle lies in the nurses themselves. For some unex-

plained reason pupil nurses oftentimes evince an antipathy toward the special schools that is very puzzling. Would it not be well if we could hear through the JOURNAL some utterances upon this phase of the question? As the writer sees it, it is an exhibition of great short-sightedness on the part of the nurses; but there must be some cause for this. An argument used against being sent to secure special obstetrical training often is that the nurse will never practise obstetrics. Even so, a training is not complete without a good knowledge of obstetrical nursing, and the same might be said, in perhaps a lesser measure, of other specialties.

Affiliation has come to stay—now the question is, what are we going to do with it? That is, how are we going to handle affiliations between schools so as to secure the greatest good to the greatest number, and not cause the seeking of affiliation to be a burden upon schools limited in their scope? By *schools*, the comprehensive idea is desired, for, as in the hospital the patients must be regarded as a central factor, so in the nurse-training school, the nurse must be considered as an integral part in the making of conditions. If schools that already have none too many nurses are obliged to lose the services of one, two, or even three, the natural result is more work for those who remain. Again, to go back to the former statement regarding the lack of uniformity, the arrangement for instruction is so much subjected to the immediate environment, and local conditions have so large a controlling power, that the question of passing such nurse over her entire home curriculum and still affording her special training is indeed a vexatious one.

What is being done, and what should be done to bring about acceptable and progressive methods? It would be interesting to know the percentage of training schools employing affiliation. This being hardly possible, one fears little dispute when she states that it is a large one, and that State Registration has given the impetus which has brought about pronounced results within the last few years.

First let us consider the affiliating school. Granting that it is a foregone conclusion that a training school for nurses is under a moral obligation to give all the instruction its published curriculum calls for, it follows that such instruction should be supplemented by affiliation, when the home school cannot furnish it according to the laws such school is working under. If these laws are deficient, then it behooves the nurses of the given state to work to secure better. To attempt to remedy this otherwise is like pouring water into a sieve. One of the foremost nurses in New York State says: "I do not consider that any hospital should attempt to maintain a school that is not willing to affiliate for those

services in which its own institution is deficient. More and more insistence on affiliations is being made through the state." This undoubtedly voices the sentiments of all who have given it due consideration.

As affiliation is practised at present, the defect most noticeable is (kindly remember this is all upon the side of the affiliating school), to again quote from the same writer, "the failure of the schools, in sending their nurses for any special services, to investigate carefully as to the hospital facilities from the standpoint of the number of cases and equipment, and the training-school facilities from the standpoint of administration and instruction." Because of this failure to acquaint themselves thoroughly with the working of the special school, the affiliating school sometimes considers the demands of the special school arbitrary, and best results are not obtained.

One of the most important points is the question of the diploma. Shall the home school diploma include that of the special school? Of course, granting this specialty is an important one, there would seem to be but one reply, and that in the affirmative, but so much hinges upon just how this special course is regarded. Is it, the special course—a part of the entire course? Does the certificate of the hospital stand for the inclusion of such courses? When exception is made should it not be with the consent of the Registration Department? Can any good reason be shown why this is not a desirable ruling? This is not to be interpreted as claiming that the affiliating school diploma is dependent upon that of the special, but, unless plainly indicated otherwise, it should include it. Here, of course, arises the question of discipline, but that will be taken up later on.

Two important questions are: "What is the minimum length of time in which the special school can give a satisfactory course in obstetrics, eye, ear, nose and throat work, contagion, gynæcology, nursing of the insane, etc.?" and, "What is the minimum length of time that should be spent by a nurse in her home school before entering upon the special course, particularly in obstetrics?" As to the former, all will agree that a course of three months is none too long, and that eighteen months in the affiliating school, before becoming a pupil in a special school, is a very fair minimum time. It is true that the home school is often badly discommoded by not having a little more lee-way in this matter, but very few nurses are prepared to take up special courses much sooner than at the end of eighteen months, particularly in the matter of trained judgment. Is it not true also, that a nurse who has had at least some operating-room service in her home school is better prepared to grasp and perform the work of a special hospital, as, with few exceptions, the

special work involves good surgical technic? Do the affiliating schools understand what a loss is suffered by the pupil if she comes totally unprepared as to her mental attitude and her ability to assume responsibility?

Now to turn to the consideration of the special school. For what purposes are special hospitals in existence? To supply a service which in its natural demands requires special technic, special training both for doctors and nurses, and special equipment—all of which would be incompatible with the workings of a majority of the general hospitals. The aim of those connected with the special hospitals is to provide detailed and comprehensive teaching to nurses that it would be impossible to obtain in so finished a way elsewhere. As they exist to-day the principal criticism to be made is lack of definition, that is, not as to teaching, but in their relations to affiliating schools, or, in other words, no well-defined agreement exists, and failure to understand and co-operate is the result. May it not be said that they are a trifle too arbitrary? Have they not been too much “a law unto themselves?” Have they interested themselves in the home school sufficiently in reporting to it upon the work and conduct of the pupils? Is it not the almost universal experience that the qualities of pupil nurses, good, bad, or indifferent, manifest themselves in the special school much the same as in the home school and therefore furnish the two principals a common ground of sympathy and co-operation?

Are these special schools generally well enough understood in the matter of their teaching of a specialty? To explain, it is the common rule that in case a pupil nurse during her three months' course is obliged to drop out for any reason after the completion of perhaps the first week her place shall be filled by one who is a graduate of that particular special school. The hardship this entails upon the affiliating school can be readily understood, and certainly the special schools should be able to offer very good reasons for such ruling which, from their point of view, they certainly do. In order to carry each pupil nurse over the advertised curriculum, she must receive daily just what is scheduled; then, on the other hand, the provisions for the proper care of the patient demand that nurses shall have had their preparation before being introduced into a field of the work requiring special knowledge. A nurse who has never even assisted at an operation upon the eye cannot, certainly, be detailed as the surgeon's chief nurse, nor one who has experienced no post-partum work in obstetrics be given the care of such cases.

Having discussed both the special and affiliating school, the point has been reached where we may very properly consider the matter of agreement between them. That there should be a definite form goes

without saying, but what are the essentials that should be covered by a contract or agreement? (The latter has a pleasanter sound.) Such agreement should state curriculum, specify purpose, state definitely all requirements as to length of course, entrance periods, conditions of obtaining admission and those upon which pupils remain, instruction, discipline, etc.

To again refer to the matter of discipline, this can never be successfully conducted where the spirit of confidence, understanding, and co-operation does not exist between the affiliating schools. If the affiliating school *includes* the diploma of the special course in its own the question would appear capable of very easy solution, but, on the other hand, the special school must exercise some forbearance, and not be too ready to "use the club." Neither should the act of the special school, when extreme measures are clearly indicated, be final until abundant opportunity has been furnished both schools to thoroughly arbitrate upon the matter.

When failures, misdemeanors and incompetencies manifest themselves, an immediate report should be made to the affiliating school, with a written statement of any special occurrence, on the part of the nurse, thereby giving the home principal an opportunity to see the question in all its phases. This is not to be understood as an opportunity for the nurses to air grievances, but merely to make a plain, accurate statement of what occurred, without any comment, which statement is naturally to pass through the hands of the principal of the special school. In this manner co-operation is obtained, and, probably, very few calls are made for radical measures.

While the return of a pupil nurse in the midst of her course involves many difficulties, this very fact tends to reduce the question to the greatest good for the greatest number, and nurses, realizing how extended the results of failures on their part are, will hesitate long before precipitating crises.

I cannot see how it is possible to conduct affiliation for the important specialties without including the diploma of the special school in the nurse's legal right to practise nursing, as it would seem unfair to ask a nurse to spend one, two, or three months in special work, and give her nothing to show for it. This very point also provides a solution to the question of discipline from the point of view of both schools as nothing else could.

Every special hospital should issue a printed circular of information which will convey to those seeking affiliation a comprehensive idea of all that will be expected of the nurses in the matter of uniform, hours of

duty, questions that are determined by locality, and any and all points that should be fully understood, thus promoting satisfaction for all concerned.

Before making an agreement each school should acquaint itself with the other—the special ascertaining the status of the one seeking affiliation, declining any schools which are lacking in progressive aims, but, on the other hand, not making conditions beyond the reach of the earnest, energetic school.

It was my purpose to include a form of agreement in this paper, but, because the question is so far from having taken satisfactory shape, it was not deemed best to do so. It would be interesting to hear from schools having such forms already in use.

A NURSE'S BY-HOURS

By ELISABETH ROBINSON SCOVIL

Late Superintendent of the Newport Hospital, Newport, R. I.

THERE are nurses who find that they have not strength for the active practice of their profession year after year without intervals of rest. They cannot do justice to their patients unless they give themselves time to recruit between exhausting cases, and they cannot keep themselves in health and vigor if they are constantly in the sick room.

It is as a suggestion to these nurses that I wish to tell of an experiment made a few years ago which was financially successful and involved very little labor.

A young mother was speaking to me of her children and said she wished she knew enough of nursing to do things properly for them when they were ill. I was at leisure just then and the thought struck me that there might be others who would like to learn some of the methods of making the sick comfortable and if I would teach them it would be mutually profitable.

It was decided to give five lectures, charging one dollar for the course, or twenty-five cents for a single admission, the lectures to be given twice a week. A kind clerical friend placed a large Sunday-school room at my disposal. Tickets were printed, oblong cards, with *Home Nursing* in the middle. These were distributed between twenty friends, each taking six, who sold them privately, a few free tickets being given to each seller. A lady was secured to act as door-keeper, who received five dollars for this service.